Rosemont Care Limited

Rosemont Care Limited t/a Rosemont Care

Inspection report

11 Park Lane
Hornchurch
Essex
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 7 March 2017. The registered provider was given 48 hours' notice because the service provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection.

We last inspected the service in July 2015 and found that the service required improvement because there were breaches in legal requirements. We carried out a focussed inspection in May 2016 to check that the service had followed their action plan and we confirmed that they now met legal requirements.

Rosemont Care Limited delivers personal care and reablement support to people in their own homes within the London Borough of Havering and some areas of Barking and Dagenham. At the time of our inspection, approximately 142 people were using the service. The service was employing 63 care workers who visited people living in the community.

A reablement service aims to provide short term support to people in order for them to stay independent in their own home by regaining daily living skills and improving their quality of life often following a stay in hospital.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that systems were in place to ensure people were protected from the risk of abuse. Staff were able to identify different types of abuse and knew how to report any concerns. Where visits to people were missed by staff and a person placed at risk, disciplinary action was taken by the provider.

People received care at home from staff who understood their needs. People had their individual risks assessed and staff were aware of plans to manage the risks. However, we found that where people had specific health conditions, risk assessments did not contain sufficient information for staff to help keep people safe.

When required, staff administered people's medicines and had received the appropriate training to do this. The provider had sufficient numbers of staff available to provide support to people. Staff had been recruited following appropriate checks with the Disclosure and Barring Service.

Staff received training in a number of topics that were important for them to be able to carry out their roles. They told us that they received support and encouragement from the registered manager and were provided opportunities to develop. Staff were able to raise any concerns and were confident that they would be addressed.

People were treated with privacy and dignity. They were listened to by staff and were involved in making decisions about their care and support. People were supported to meet their nutritional needs. They were registered with health care professionals and staff contacted them in emergencies.

People told us they received support from staff who understood their needs. Care plans were personalised and provided staff with sufficient information about each person's individual preferences.

A complaints procedure was in place. People and their relatives were able to make complaints, express their views and give feedback about their care. They told us they could raise any issues and that action would be taken by the registered manager.

The management team was committed to developing the service and monitoring the quality of care provided to people. They ensured that regular checks and audits were carried out and looked at where improvements could be made. We have recommended that guidance on people's health conditions is monitored as part of quality assurance checks.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Risk assessments did not contain sufficient information on people's health conditions for staff to help keep people safe.

Staff understood how to identify potential abuse and were aware of their responsibilities to report any concerns to the registered manager or to the local authority.

Staffing levels were sufficient to ensure people received support to meet their needs.

The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.

People received their medicines safely when required and staff received training in how to do this.

Is the service effective?

Good

The service was effective. Staff received appropriate inductions, training, support and supervision. Their performance and development needs were monitored.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was recorded and staff acted in their best interest.

People had access to health professionals to ensure their health needs were monitored.

Staff ensured people had their nutritional requirements met and assisted with providing people food and drink.

Is the service caring?

Good

The service was caring. People were happy with the support they received from staff.

Staff were familiar with people's care and support needs. Staff had developed caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were also involved.

Is the service responsive?

Good

The service was responsive. People had involvement in planning their care. Care plans were personalised and reflected each person's needs and preferences.

Care plans were reviewed and updated when people's needs changed.

People knew how to make a formal complaint. Where concerns were raised, the registered manager took appropriate action to resolve them.

Is the service well-led?

Good

The service was well led. People and their relatives spoke positively about the management of the service.

There was a positive culture and the registered manager was committed to delivering effective care for people.

Staff received support and guidance from the management team.

There was a system in place to check if people were satisfied with the service provided. The management team carried out audits and assessments to make necessary improvements to the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 March 2017. This was an announced inspection, which meant the registered provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of one adult social care inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection, we reviewed the information we held about the service. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also consulted the local authority for their views and feedback.

During the inspection, we spoke with the registered manager, the operations manager, four care staff, including supervisors, a care coordinator and office staff. We spoke with 40 people who used the service and 15 relatives by telephone.

We looked at eleven people's care records and other records relating to the management of the service. This included ten staff recruitment records, duty rosters, online systems, incidents, complaints, quality monitoring and medicine records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, " Oh yes, I certainly do feel safe." Another person said, "Oh God yes, I do feel safe. I cannot fault the care worker." Another comment from a person was, "I feel very safe. I do not feel at any time any harm or abuse." Comments from relatives included, "Yes of course we feel our relative is safe. The care workers are very good" and "Yes the care worker sent now is very good. We feel safe with this one." One relative told us, "I am very happy with how the carers are with my [family member]."

Care and support was planned and delivered in a way that ensured people's safety and welfare. We saw risk assessments had been undertaken which informed staff how to keep people safe. Care plans contained individual risks assessments and the actions necessary to reduce the identified risks based on the needs of the person. The assessments identified and detailed what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks associated with the person's mobility, the moving and handling of the person and any risks related to their home environment, such as safe water temperature and safe use of equipment. For example, one person's risk assessment said that they "required repositioning at each visit to prevent pressure sores."

People's individual health conditions and illnesses were described in their risk assessments, with details provided to staff about symptoms and the impact it could have on the person's life. For example, there was information about Parkinson's disease, diabetes and high cholesterol. Staff were advised to contact the office or emergency services should a person they provided care to become ill. Staff told us they were provided with additional literature from the NHS about some of these illnesses, which were available in the person's home. However, we noted that people's care plans did not contain an individual risk management plan for any illnesses that they suffered from, as a contingency. The care plans stated that staff should call 999, 111 or the office. Although this would be the appropriate response, there was no additional guidance for staff to follow to assist people should they present any of the symptoms described such as breathlessness, balancing or wheezing. For example, by providing first aid or helping a person breathe more easily while waiting for further assistance. This meant people were at risk as appropriate precautions were not in place to help staff minimise these risks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff employed to meet the needs of the people using the service. People received care from staff who were familiar with their care and support needs. Most people and their relatives confirmed they usually had the same staff providing care and this helped with consistency. People told us that staff usually arrived on time or were notified by the service if, for example, their care worker was unable to attend because of sickness or were running late due to traffic. One person said, "They are on time. If they are late they will ring me." Another person told us, "Yes my carer is always on time. On odd occasions they are late but they always phone though." One person commented, "They can be late but you expect that don't you, as long as they come eventually and not too late then it's OK." Another comment was, "I am concerned

about the timing as I was left until 10.50pm to be put in bed. My time is 10.15pm. My [family member] will speak to the office about this." The provider told us the person was contacted to inform them that their care worker was running 30 minutes late, which would have impacted on the eventual time the person was assisted to be put into bed.

The provider's policy stated that staff were permitted an additional 30 minutes before or after the scheduled time of their visit to allow for potential delays such as traffic or an emergency. We viewed an online system, which recorded the days and times care was scheduled to be provided to people. In the sample of late visit records we reviewed, staff had not arrived more than 30 minutes late. We looked at staff rotas, daily notes and timesheets and saw that staff stayed for the scheduled length of time and completed their tasks before leaving. However, we noted that one missed visit took place in January and one in March 2017. The registered manager identified the situation and arranged for either cover staff or the person's family to assist them. The registered manager told us they took missed visits seriously. We noted that an investigation took place and disciplinary action was taken when members of staff failed to attend these scheduled visits without a valid reason.

Staff told us their workloads and schedules suited them. They had sufficient travel time between their shifts to deliver the support that was detailed in people's care and support plans. Cover was provided when staff were unavailable to ensure people still received care. For example, if there were staff absences, senior staff, based in the office, were available to provide care. One member of staff said, "I have a regular rota and see my clients all the time. I am happy with my work load and schedule." A senior member of staff told us, "Carers contact the office or on call service if they are running late or sick and we contact the client to let them know and allocate a cover worker if necessary."

People were protected from the risk of abuse. Staff were provided with training in safeguarding adults and understood their roles and responsibilities to report any abuse. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to, including notifying the local authority. Staff told us that they would also speak to the manager for support and guidance. They were aware of the service's whistleblowing policy. Whistleblowing is a procedure to enable employees to report concerns about practice within their organisation to regulatory authorities.

Staff were recruited safely. New staff completed application forms outlining their previous experience, provided three references and evidence that they were legally entitled to work in the United Kingdom. They attended an interview as part of their recruitment process. We saw that a Disclosure and Barring Service check had been undertaken before the member of staff could be employed. The DBS is a check to find out if the person had any criminal convictions or were on any list that barred them from working with people who use care services. This helps employers make safer recruitment decisions.

Staff entered and left people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell or in some instances, entering with a 'keysafe'. This was a secure key to the home that is only accessible with a passcode. Staff were required to identify themselves when they entered a person's home, wear a uniform and carry identification.

Records showed that staff worked together in order to move people safely. Two staff were always present to assist people that required help with moving and handling, for example, when the use of a hoist was required. Staff followed the provider's infection control procedures. Staff used Personal Protective Equipment (PPE) such as anti-bacterial gels, gloves and aprons to prevent any risks of infection when providing personal care. We saw that sufficient stock of PPE was available in the branch for care staff to take when needed.

Care plans detailed if prescribed medicines were to be administered by either staff or relatives or were to be taken by the person themselves. We looked at daily record notes and saw staff administered medicine when this was stipulated in the care plan of the person. Staff who were required to give people their medicine, recorded the dosages taken in medicine administration record sheets (MARS) and in daily note files to evidence that the medicine was taken.

People told us they were confident in the staff's ability to manage their medicines. However one person told us they raised concerns to the office about staff not administering or handling medicines hygienically. We saw that these issues were investigated and staff reminded of their responsibilities to ensure medicines were managed safely. Additional training on medicine awareness and infection control was provided to staff when required. This helped staff to administer medicines more safely. Staff were also observed prompting and administering medicines by senior staff during spot checks, where applicable. Spot checks are observations of staff to ensure that they were following safe and correct procedures when delivering care. Records showed that staff were assessed as competent.

Where staff prompted people to take their medicines, they recorded that they did so. Staff were required to ensure that people took their medicines before staff completed their shift. We saw that staff were also required to notify the office before they completed their shift, if a person refused their medicines. Where medication was not taken, we saw that action was taken as the person could be putting their health at risk. Senior staff would contact the person's GP for advice or contact the NHS helpline. They would also notify the person's family and other professionals that are involved in their care.

Good

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were happy with the care provided. One person said, "I am happy with the care I receive. The carers are certainly trained." Other comments from people included, "Most of the carers know what to do," and "They try their best". We asked if people were concerned about staff that were less sure of what to do and people told us they or more experienced care workers would "tell the new care workers what to do as they will need help." Before the inspection, some people had concerns about the training of staff but this was addressed by the provider, who arranged additional and refresher training for staff.

Staff were aware of how to respond to any concerns they had about a person's health. A member of staff said, "I would contact the GP if I had concerns. In an emergency, we would call an ambulance and inform the office staff." Staff were also able to contact the registered manager or senior staff out of office hours and during weekends in case of emergency.

We looked at the provider's policy on the Mental Capacity Act 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the provider was working within the principles of the MCA and that people's human rights were protected. Where applicable, we saw that people's mental capacity was noted and records of capacity assessments were available. People were able to make their own decisions and were helped to do so when needed. Staff understood their responsibilities under the MCA and what this meant in ways they cared for people. Staff would discuss concerns about people's capacity with the manager.

We looked at an up to date staff training matrix, which was a spreadsheet that confirmed the dates that all staff took training and any scheduled dates for refresher training. Staff told us they received the training and support they needed to perform their job well. They had received training in a range of areas which included fluids and nutrition, medicine administration, the MCA, safeguarding adults, learning disability, dementia and mental health awareness, person centred care and privacy and dignity. There was also annual refresher training provided on moving and handling, essential first aid, food hygiene and health and safety. The operations manager told us that End of Life training would also be provided by a newly appointed Training and Development Manager, to ensure appropriate and accredited training was sourced delivered to staff.

An adaptation of Care Certificate standards was incorporated into induction training, particularly for new staff who were less experienced or did not have a certain level of health and social care qualifications. The Care Certificate is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time. We saw that staff had completed the modules or they were in progress.

The induction training was provided to new staff in their first four days and had to be completed before they

were permitted to work. Additional induction training was also provided within their first 12 weeks of employment and included Skills for Care Standards training. New staff shadowed more experienced staff, as part of their induction and to learn about people's individual care needs and preferences. Staff told us the induction training they received provided them with the knowledge they needed.

Staff were supported and monitored by the registered manager and care supervisors, who helped introduce new care workers to people. Care supervisors and office staff also telephoned people to check that they were happy with the service and visited them to carry out reviews. This ensured that care was being delivered and people were satisfied with their care and their care worker. We saw records of assessments and observations of staff who provided personal care.

Staff were aware of how to fulfil their roles and responsibilities. They received a handbook when they began their employment which set out codes of practice, terms and conditions, the service's philosophy and the policies and procedures they are required to follow. Care staff confirmed that they had read and understood the handbook.

Regular supervisions took place every two months, in which staff had the opportunity to discuss the support they needed, guidance about their work and any training needs. Supervision sessions are one to one meetings with line managers where staff are able to review their performance. Records confirmed that supervision meetings took place with the registered manager, which staff said they found helpful and supportive. We saw that supervision meetings contained discussions with staff about their training, development and any concerns they may have. Staff received appraisals annually to monitor overall performance and to identify any areas for personal development.

People's consent was sought before any care was provided. Staff acted on their wishes and asked for their consent before carrying out any task. We saw that people signed their care plans to agree to the care and support they would receive. We noted that some care plans were to be updated with a new template that senior staff would use to clarify whether a person was able to sign documents and timesheets.

Where needed, people were supported to have their nutritional and hydration requirements met by staff. Care plans included details of types of food they liked to eat and what they preferred to drink. People told us that staff ensured they were provided with food and drink. One member of staff told us, "I make food and drink for people, including breakfast and dinner. I make them a sandwich or a hot meal using the microwave."

Good

Is the service caring?

Our findings

People and their relatives told us that the staff treated them with respect, kindness and dignity. They also told us they felt the staff listened to what they said and provided them with care that suited their wishes. One person said, "Oh yes, they are very caring indeed." Other comments included "They are brilliant; they chat and work" and "Fantastic brilliant care worker cannot fault them. I was sick once and they made me feel better."

Staff told us that they got to know people and their families well. People felt comfortable with staff and enjoyed their company because there was an understanding and familiarity between them. Comments from relatives included, "The carers are good; they have a laugh and joke with my [family member]. It is nice to see [family member] laugh" and "We have a laugh and joke with them. My relative is extremely happy." Another comment was, "Absolutely. They are very caring and I could not fault them or their attitude. Every single one of the carers are brilliant."

Staff understood the importance of respecting people's privacy and dignity. They knew about people's individual needs and preferences and spoke about people respectfully. One member of staff told us, "I make sure doors and curtains are closed when providing personal care." People told us staff were "always friendly" and one person said that where they had difficulties communicating with care staff, the staff were "still gentle when carrying out personal care duties."
One person said, "They do all the things they're supposed to do. I am insulin dependent and the carers know that timing is important to me."

One member of staff said, "We have to be respectful and make people happy by chatting with them and communicating all the time. We provide them with company and encourage independence." Another member of staff told us, "I enjoy looking after people and love my job. It's great."

Staff were respectful of and had a good understanding of all people's care needs and personal preferences. People's care records identified their specific needs and how they were met. We saw that people were supported to remain as independent as possible by staff. For example, we noted that one person's care plan said, "I would like the carer to assist me with my night wear but I will go to bed myself when I am ready."

Staff had received training in equality and diversity. This meant staff treated people equally, no matter their gender, race or disability. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural backgrounds.

People and relatives told us they had involvement in their care plan when it was reviewed and updated. There was evidence in the care plans and through our discussions with staff that people were involved in their care which meant people and their relatives had the opportunity to contribute and have their say about the care they received from the provider.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their care needs and they were happy with the care they received. One person said, "They do listen and act upon what I tell them." Another person told us, "They always listen and are pleasant and chatty." Relatives told us they were generally satisfied with the service and said the provider responded to any complaints or feedback. Most people were complimentary about the service and said they had regular carers and were happy with their care arrangements. One person told us, "They are honest and brilliant. They always call me if there are any issues with care workers."

Where people were unhappy with the times care staff arrived or lateness, most people said they would contact the office branch. We were assured that the service dealt with any issues or concerns from people. For example, people were able to request alternative care staff should they prefer a different care worker to provide them with personal care. One person told us, "I had one carer who did not speak to me at all and this carer has been changed now."

Some feedback we received included, "Carers would sometimes arrive either too late or too early" and "During the weekend is an issue. I do not know when they'll come. The time varies." The registered manager told us they addressed any concerns people had about times or occasional lateness. For example, they would speak to the staff member and look at their rota. They would see if changes needed to be made to the locations they travelled to or to the previous person they visited. The registered manager said, "When taking on care packages, we are very specific in what time we can deliver care. If there is any change to this in case of sickness of carers or annual leave, we always contact the service user and family to inform them."

We looked at out of office hours and weekend call logs and did not see that lateness was a regular occurrence. Records showed that the service was monitored at all times, including out of office hours and weekends. We saw there was a handover from staff provided at the end of each shift for the other staff. The registered manager told us, "This is to ensure that all the issues raised are addressed and a response provided to all so that it is clear on what action has been taken or is going to be taken." We also noted that the quality assurance officer spoke to staff and people who used the service to ensure vital information was passed on.

People told us that any concerns and complaints they had were looked into. The service had a complaints policy and people told us they knew who to contact if they had a complaint. The provider's service user guide contained details of how people could make a complaint. One person said, "The carers pass my concerns to the person in charge and they do get back to me." Another person said, "I have not needed to make a formal complaint." A relative told us, "I have no concerns whatsoever." Another relative said, "We have been with them for eight years, no complaints at all." However, one person said they had a concern and had "left messages but no one comes back to me." The registered manager told us they would investigate and respond to any outstanding complaints or messages. We checked that all other complaints and negative feedback were investigated and responded to. After our inspection, we received a serious complaint about a member of staff. We addressed this with the registered manager who took immediate action to investigate the complaint and followed their disciplinary procedures. The local authority were also

notified.

We looked at records and saw that investigations were carried out and action was taken in response to each concern. We noted that people and relatives were written to, informing them of the outcomes of investigations into complaints. For example, we saw that a relative was unhappy about the level of care being provided by the service to their family member and they were concerned about the training of staff. We saw that these issues were responded to and action was taken where necessary to ensure the complainant was satisfied with the dealing of the complaint.

The service received referrals from the local authority for people who required assistance with personal care at home. Referrals were also received for people who were being discharged from hospital and required further reablement support. We saw an assessment of people requiring support was provided by the local authority to the provider. People were also able to purchase their support privately in the form of a Direct Payment, which enabled them to choose and pay for the type of service they wanted. The assessment set out the needs of the person and the times the care and support was required. The initial assessment by the service usually took place within 48 hours of the referral being made and in the person's home. Care staff were identified or matched with the person. Discussions were held with other health or social care professionals for further information.

The registered manager told us that when people's short term reablement was completed after six weeks, they were able to receive longer term domiciliary care services from the provider, if required. A care supervisor said, "We make sure people's preferences are met when we carry out their assessment. The carer can come with us so we can introduce the client to the service user before the start of the care."

The care plans outlined people's needs and they were supported by local authority assessments and occupational therapy discharge reports of the person. Care workers were able to learn about the needs of the people they were supporting. Each person had a copy of their care plan in their home, which reflected their preferences regarding how they wished to be cared for. Care plans and risk assessments were reviewed and updated to reflect people's changing needs. They contained different sections and covered a number of areas such as personal history, preferences, choices, likes and dislikes. They contained person centred information about areas the person needed support with and how they wanted their care delivered. We noted that some of a person's interests and daily activities they enjoyed were described. For example, one person's plan stated, "I enjoy reading, word searches and gardening. I am very independent but slightly deaf so speak to me loudly and clearly." This information was important because it enabled people to inform care staff about how they wished to keep active, what they liked doing during their day and how they wished to be communicated.

We saw that care plans contained details of what support people wanted for each part of the day when a member of staff was scheduled to visit, such as in the morning, lunchtime or in the evening. We looked at daily records written by staff and found that they were hand written and contained details about the care that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns.

Good

Is the service well-led?

Our findings

Most people and relatives told us the service was managed well and were happy with the way the service was run. One person said, "I have been with them for 8 years. There was a previous owner before but no problems with the change over to the new one." Another person told us, "The company is good and everything is fine." A relative commented that "the company has improved tremendously." Some people told us they were concerned about lateness and the provider had taken action to resolve these issues. We received one comment from a person who said, "The company is not particularly run well. They have too high expectations and are disorganised. Staff are rushed and under pressure." We noted that another person informed the provider that, "everything is OK apart from call times and lateness." However, we found that the management team worked well together and staff felt confident in being able to meet the challenges of their day to day work. Staff had sufficient time to travel between each person they visited, including at weekends.

The service had made improvements and ensured people received care at times that were suitable for their needs. For example, the provider had introduced bank staff, who were available on standby to cover any visits at short notice. The provider had also hired company cars for staff who required emergency transport if their own car had broken down. The registered manager said, "We have found the implementation of these changes has had a positive effect and has reduced the number of service users who have late visits, if there is a high number of absences. We also closely monitor the care workers who are calling in sick and assess their sickness and absence record. We take any missed visit as a serious incident and contact ELAS (Employment Law Advisory Service) with all issues and for advice." The provider ensured people were contacted if their care workers were running late or unable to attend and provided an explanation of why this was, such as more sickness absences than normal or travel issues

We spoke with a local authority who provided referrals to the service and they told us they had previous concerns over timekeeping and missed calls. However, since then, Rosemont Care demonstrated better performance in this area and the local authority were now more satisfied with the service.

The service was managed by the registered manager who was also known as the deputy care manager. They were overseen by an operations manager and a responsible individual, who was the director. The Hornchurch branch was one of two branches provided by Rosemont Care. At our previous inspection in May 2016, the operations manager told us they were going to register as manager of the branch and the current registered manager would cancel their registration. However, since then, the registered provider made changes to the structure of the management team and the operations manager now oversaw both branches at the time of this inspection. The existing registered manager remained in place and both were satisfied with this arrangement. The operations manager said, "In our Hornchurch branch, things are better. We have more staff, more service users and better staff retention." The registered manager said, "We have been doing well and are working with the local authority to provide reablement and long term care to people. Having [operations manager] here has been a big help to the company."

The management team operated an open door policy and staff felt confident in raising any concerns or

issues with them. One member of staff said, "The managers are really good. We can go to them for anything we need." Another member of staff told us, "We all work well as a team and there is a nice atmosphere. We get lots of support." The operations manager told us that all staff including directors and managers were provided with online training on topics such as safeguarding adults, dementia awareness and infection control. This meant that there was a culture of team learning and working together to improve the service.

There were quality assurance systems in place to monitor and drive service quality improvements. The provider used surveys, phone calls and monthly spot checks to gain people's views about their care and support. We looked at records of observations of staff practice and competency when carrying out personal care and saw that they were completed by senior staff. The management team also received feedback from people who called the office and from people who were visited by senior staff. We spoke with a quality assurance officer who said, "I make sure our carers are doing a good job and that the service is running smoothly. I know most of the service users and they know and trust me. I go out and visit them." People confirmed they had been visited by senior staff and one person said, "The main person in the office came to see me." Another person said, "They make an effort to come to see us." This helped to ensure people were happy with the care and support that was delivered. Newsletters were also distributed to people who used the service to keep them up to date with any developments.

At the time of our inspection, the operations manager had developed monthly and weekly audits to check the standard of infection control, medicine management and recording, care plans and staff files. The operations manager told us that staff had access to people's risk management plans and information about their health conditions. However, we noted that there was a lack of clear and detailed guidance on these conditions for staff. We recommend that these are reviewed as part of the provider's quality assurance audits.

At our previous inspection, we had some concerns about how frequently annual satisfaction surveys were carried out. At this inspection, we saw that the registered manager had sent recent surveys to people and relatives to seek their views and opinions. Records of telephone surveys and home visits indicated people were happy with the service provided. We saw questionnaires which had been sent out or returned from the past year. The service had received compliments and feedback from people and relatives which were positive. For example, we noted that one person commented, "I would be lost without my carers, they are very good." Where negative feedback was received, we saw actions and outcomes were recorded to ensure improvements were made.

Daily records, which contained information on tasks that were carried out were completed and brought back to the office each month to be quality checked. We saw that there was a system to monitor care workers followed a set schedule on their individual rotas. Staff were required to log in to the system using a Freephone number from people's phones with their permission, when they commenced care and support in their homes. This helped the team in the office see that staff had arrived to carry out personal care for people according to the wishes of the person and that people were not left unattended or waiting for a long time.

We noted that staff meetings took place every two to three months and enabled care workers to discuss any areas of practice or concern as a group. This was confirmed by the minutes of meetings we looked at. Items covered during team meetings included guidance for care workers on recording medicines on MAR sheets, codes of conduct, submitting timesheets, reporting concerns, following good practice and a more general discussion. We saw that the minutes were detailed and that they were well attended. Where the registered manager had disciplinary concerns about the conduct and professionalism of staff, they raised them in team meetings to ensure staff were reminded of and understood their responsibilities. We saw that care staff

were rewarded for their work or any outstanding achievements by having an opportunity to be Carer of the Month within the service. This demonstrated that the provider was keen to motivate and develop staff to deliver a good standard of care.

People's records were filed in secure cabinets which showed that the provider recognised the importance of people's personal details being protected and to preserve confidentiality. Staff were aware of confidentiality and adhered to the provider's data protection policies. Providers of health and social care inform the CQC of important events which took place in their service. The registered manager notified us of incidents or changes to the service that they were legally obliged to inform us about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not do all that is reasonably practicable to mitigate risks to people's health because risk assessments on people's health conditions lacked relevant or important information to keep people safe. Regulation 12(2) a and b